#### U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

#### **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

SECTIO	ON A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
	016-234	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bld	g. No.) or P.O. Route and Box No.	Company NAIC Number:
City WAVELAND	State MS ZIP Code 39576	
A3. Property Description (Lot and Block Numbers, Tax Parcel Num	nber, Legal Description, etc.)	
PARCEL #: 165B-0-15-001.000		
c) Total net area of flood openings in A8.b N/2 d) Engineered flood openings? Yes No	A9. For a building with an att  9 sq ft  NNE  NNE  NNE  NNE  NNE  NNE  NNE  N	tached garage <u>N/A</u> sq ft  In flood openings in the attached garage adjacent grade <u>N/A</u> d openings in A9.b <u>N/A</u> sq in  In flood openings? Yes ⊠ No
SECTION B - FLOOD INS	SURANCE RATE MAP (FIRM) INFORMATIO	ON
	2. County Name ANCOCK	B3. State MS
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date 10/16/09	B7. FIRM Panel B8. Flood Zone(s) 10/16/09 VE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or the FIS Profile ☐ FIRM ☐ Community Determ  B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1  B12. Is the building located in a Coastal Barrier Resources System (Designation Date: ☐ ☐	ined Other/Source:	
SECTION C - BUILDING ELI	EVATION INFORMATION (SURVEY REQUI	RED)
C1. Building elevations are based on:  *A new Elevation Certificate will be required when construction of C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30 below according to the building diagram specified in Item A7. In	ngs* ☐ Building Under Construction*  of the building is complete.  of V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR  Puerto Rico only, enter meters.  Vertical Datum: NAVD 1988  ugh h) below. ☐ NGVD 1929 ☒ NAVD 1988 ☐	☑ Finished Construction
Datum used for building elevations must be the same as that use		ck the measurement used.
<ul> <li>a) Top of bottom floor (including basement, crawlspace, or enclob) Top of the next higher floor</li> <li>c) Bottom of the lowest horizontal structural member (V Zones or d) Attached garage (top of slab)</li> <li>e) Lowest elevation of machinery or equipment servicing the built</li> </ul>	nly) <u>26 .2</u> <u>24.2</u> <u>N/A</u>	☐ feet ☐ meters
(Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) g) Highest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, inc	13.8 14.0 cluding structural support 13.8	☐ feet ☐ meters ☐ feet ☐ meters ☐ feet ☐ meters
SECTION D - SURVEYOR, I	ENGINEER, OR ARCHITECT CERTIFICATI	ON
Check here if attachments.	ts my best efforts to interpret the data available. imprisonment under 18 U.S. Code, Section 1001. ere latitude and longitude in Section A provided by ensed land surveyor?	SON P. CA
Certifier's Name JASON P. CHINICHE	License Number PE19732	ST
	MES J. CHINICHE, PA, INC.  State MS ZIP Code 39520	19732
Address 412 HWY. 90, SUITE 2 City BAY ST. LOUIS Signature Date 07/22/16	Telephone (228) 467-6755	OK MISSISSIPP

IMPORTANT: In these spaces, copy the			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suit 800 SOUTH BEACH BOULEVARD	e, and/or Bldg. No.) or P.O. Route and Bo	ox No.	Policy Number:
City WAVELAND	State MS ZIF	Code 39576	Company NAIC Number:
SECTION D - SUR	VEYOR, ENGINEER, OR ARCHITEC	CT CERTIFICATION (	CONTINUED)
Copy both sides of this Elevation Certificate for (1	) community official, (2) insurance agent/o	company, and (3) buildin	g owner.
Comments NOTE: The description in A3. above section B4. Recommend verification of (BFE) by a coordinating this certificate with Contractor and/or	ocal building official. The flood zone is de	termined by graphic plott	ing only. Owner is responsible for
Signature John & hicke	Date 07/2	22/16	
SECTION E - BUILDING ELEVATION I	NFORMATION (SURVEY NOT REQ	UIRED) FOR ZONE A	O AND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), complete Iter and C. For Items E1–E4, use natural grade, if available of the complete Iter.	allable. Check the measurement used. In I	Puerto Rico only, enter m	neters.
<ul> <li>E1. Provide elevation information for the following rade (HAG) and the lowest adjacent grade a) Top of bottom floor (including basement, b) Top of bottom floor (including basement, E2. For Building Diagrams 6–9 with permanent (elevation C2.b in the diagrams) of the build E3. Attached garage (top of slab) is</li></ul>	(LAG).  crawlspace, or enclosure) is  crawlspace, or enclosure) is  flood openings provided in Section A Item  ing is \begin{align*}	feet meters feet meters feet meters s 8 and/or 9 (see pages above or below below the HAG.	☐ above or ☐ below the HAG. ☐ above or ☐ below the LAG. 8–9 of Instructions), the next higher floor the HAG.
E5. Zone AO only: If no flood depth number is a ordinance?	vailable, is the top of the bottom floor elev	vated in accordance with	
SECTION F - PROF	ERTY OWNER (OR OWNER'S REF	PRESENTATIVE) CER	RTIFICATION
THE CONTRACTOR OF THE CONTRACT		NEED 10 100 100 100 100 100 100 100 100 100	
or Zone AO must sign here. The statements in Sec Property Owner's or Owner's Authorized Represer	ctions A, B, and E are correct to the best o	E for Zone A (without a f my knowledge.	FEMA-issued or community-issued BFE
or Zone AO must sign here. The statements in Sec Property Owner's or Owner's Authorized Represer	ctions A, B, and E are correct to the best o	E for Zone A (without a of my knowledge. State	
or Zone AO must sign here. The statements in Sec Property Owner's or Owner's Authorized Represer	ctions A, B, and E are correct to the best of tative's Name	of my knowledge. State	
or Zone AO must sign here. The statements in Sec Property Owner's or Owner's Authorized Represer Address Signature	ctions A, B, and E are correct to the best of stative's Name City	of my knowledge. State	z ZIP Code
r Zone AO must sign here. The statements in Sec Property Owner's or Owner's Authorized Represer address signature somments	ctions A, B, and E are correct to the best of stative's Name  City  Date  TION G – COMMUNITY INFORMAT	of my knowledge. State Telep	ZIP Code  phone  Check here if attachment
r Zone AO must sign here. The statements in Sec Property Owner's or Owner's Authorized Represer address signature comments SEC e local official who is authorized by law or ordinance	ctions A, B, and E are correct to the best of stative's Name  City  Date  CTION G – COMMUNITY INFORMAT  To administer the community's floodplain	of my knowledge.  State Telep  TON (OPTIONAL)  management ordinance of	z ZIP Code  Check here if attachme  an complete Sections A. B. C (or E), and
r Zone AO must sign here. The statements in Sector of Property Owner's or Owner's Authorized Represent address  dignature  comments  SEC elocal official who is authorized by law or ordinance his Elevation Certificate. Complete the applicable it	ctions A, B, and E are correct to the best of stative's Name  City  Date  TION G – COMMUNITY INFORMAT  To administer the community's floodplain is em(s) and sign below. Check the measure of the other documentation that has been sign other documentation that has been sign of the other documentation that has been sign or the other documentation that has been sign of the other documentation	State Telep  TON (OPTIONAL)  management ordinance of ment used in Items G8–C  ned and sealed by a lice	c ZIP Code  Check here if attachme  an complete Sections A, B, C (or E), and the complete Sections A, B, C (or E), and the control of the con
r Zone AO must sign here. The statements in Sector perty Owner's or Owner's Authorized Represent ddress signature omments  SEC e local official who is authorized by law or ordinance his Elevation Certificate. Complete the applicable it is authorized by law to certify elevation in Section C was taken from is authorized by law to certify elevation in Elevation Eleva	ctions A, B, and E are correct to the best of stative's Name  City  Date  TION G – COMMUNITY INFORMAT  to to administer the community's floodplain is em(s) and sign below. Check the measure of the community of	State Telep  TION (OPTIONAL)  management ordinance of ment used in Items G8–C  ned and sealed by a lice of the elevation data in the FEMA-issued or communication.	chone  Check here if attachme  an complete Sections A, B, C (or E), and a complete Section B, C (or E)
r Zone AO must sign here. The statements in Sectoroperty Owner's or Owner's Authorized Represer ddress ignature omments  SEC e local official who is authorized by law or ordinance his Elevation Certificate. Complete the applicable it is authorized by law or ordinance his Elevation Certificate in Section C was taken from is authorized by law to certify elevation in fine A community official completed Section E The following information (Items G4–G10)	ctions A, B, and E are correct to the best of stative's Name  City  Date  TION G – COMMUNITY INFORMAT  to to administer the community's floodplain is em(s) and sign below. Check the measure of the community of	State Telep  TION (OPTIONAL)  management ordinance of ment used in Items G8–C  ned and sealed by a lice of the elevation data in the FEMA-issued or communication.	chone  Check here if attachme  an complete Sections A, B, C (or E), and a complete Section B, C (or E)
r Zone AO must sign here. The statements in Sector property Owner's or Owner's Authorized Represer address  signature  comments  SEC  e local official who is authorized by law or ordinance his Elevation Certificate. Complete the applicable it.  The information in Section C was taken from is authorized by law or ordinance his Elevation in Section C was taken from it is authorized by law to certify elevation in figure A community official completed Section E  The following information (Items G4–G10)	ctions A, B, and E are correct to the best of stative's Name  City  Date  TION G – COMMUNITY INFORMAT  The to administer the community's floodplain the em(s) and sign below. Check the measure of the modern that has been sign or the documentation	State Telep  TON (OPTIONAL) management ordinance of ment used in Items G8–C ned and sealed by a lice of the elevation data in the FEMA-issued or commulagement purposes.	chone  Check here if attachme  an complete Sections A, B, C (or E), and a complete Section B, C (or E)
Property Owner's or Owner's Authorized Represer Address  Signature  Comments  SEC  Le local official who is authorized by law or ordinance this Elevation Certificate. Complete the applicable it is authorized by law to certify elevation information in Section C was taken from is authorized by law to certify elevation information.  A community official completed Section E.  The following information (Items G4–G10)  4. Permit Number  G5. Date  This permit has been issued for:  New Community of Including bases.  BFE or (in Zone AO) depth of flooding at the business.	ctions A, B, and E are correct to the best of stative's Name  City  Date  CTION G – COMMUNITY INFORMAT  To to administer the community's floodplain tem(s) and sign below. Check the measure of other documentation that has been sign to be community. Indicate the source and date of the for a building located in Zone A (without a is provided for community floodplain man permit Issued  Construction   Substantial Improvement) of the building:  Liding site:	State Telep TION (OPTIONAL) management ordinance of ment used in Items G8–C ned and sealed by a lice of the elevation data in the FEMA-issued or commutagement purposes.  Date Certificate Of Co	an complete Sections A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A, B, C (or E), and an omplete Section A,
Property Owner's or Owner's Authorized Represer Address  SEC  e local official who is authorized by law or ordinance this Elevation Certificate. Complete the applicable it is authorized by law to certify elevation information in Section C was taken from is authorized by law to certify elevation information.  A community official completed Section E.  The following information (Items G4–G10)  4. Permit Number  G5. Date  This permit has been issued for:  Elevation of as-built lowest floor (including bases)  BFE or (in Zone AO) depth of flooding at the built of Community's design flood elevation:	ctions A, B, and E are correct to the best of stative's Name  City  Date  CTION G – COMMUNITY INFORMAT  To to administer the community's floodplain tem(s) and sign below. Check the measure of other documentation that has been sign to be community. Indicate the source and date of the for a building located in Zone A (without a is provided for community floodplain man permit Issued  Construction   Substantial Improvement) of the building:  Liding site:	State  Telep  TON (OPTIONAL)  management ordinance of ment used in Items G8–C  ned and sealed by a lice of the elevation data in the FEMA-issued or commutagement purposes.  Date Certificate Of Communication of the commu	an complete Sections A, B, C (or E), and all of the complete Sections A, and all of the complete Secti
SEC e local official who is authorized by law or ordinance is authorized by law to certify elevation information in Section C was taken from is authorized by law to certify elevation information in Section E.  A community official completed Section E.  The following information (Items G4–G10) 4. Permit Number  G5. Date  This permit has been issued for:  Elevation of as-built lowest floor (including bases in Elevation of as-built lowest floor (including bases).  Community's design flood elevation:	City  Date  CITION G – COMMUNITY INFORMAT  To a daminister the community's floodplain em(s) and sign below. Check the measure or other documentation that has been sign or a building located in Zone A (without a is provided for community floodplain man Permit Issued  Construction  Substantial Improvement) of the building:  June 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State  Telep  TON (OPTIONAL)  management ordinance of ment used in Items G8–C  ned and sealed by a lice of the elevation data in the FEMA-issued or commutagement purposes.  Date Certificate Of Communication of the commu	an complete Sections A, B, C (or E), and all of the complete Sections A, and all of the complete Secti
e local official who is authorized by law or ordinance this Elevation Certificate. Complete the applicable it.  The information in Section C was taken from is authorized by law to certify elevation information.  A community official completed Section E.  The following information (Items G4–G10)  4. Permit Number  G5. Date  This permit has been issued for:  New Completed Section E.	ctions A, B, and E are correct to the best of stative's Name  City  Date  CTION G – COMMUNITY INFORMAT  To a to administer the community's floodplain em(s) and sign below. Check the measure of other documentation that has been sign for a building located in Zone A (without a is provided for community floodplain man permit Issued  Construction  Substantial Improvement) of the building:  Liding site:  Title	State  Telep  TON (OPTIONAL)  management ordinance of ment used in Items G8–C  ned and sealed by a lice of the elevation data in the FEMA-issued or commutagement purposes.  Date Certificate Of Communication of the commu	an complete Sections A, B, C (or E), and all of the complete Sections A, and all of the c

## **Building Photographs**

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 800 SOUTH BEACH BOULEVARD

Policy Number:

City WAVELAND

State MS

ZIP Code 39576

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



07/22/16 Front View

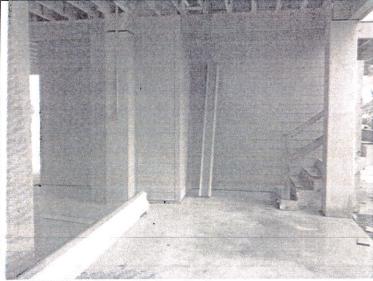


07/2216 Rear View

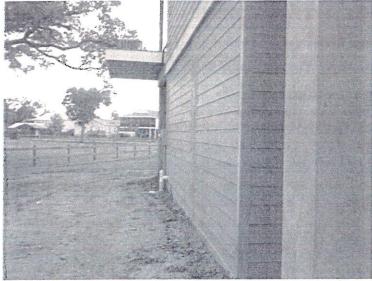
## Building Photographs Continuation Page

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bld 800 SOUTH BEACH BOULEVARD	lg. No.) or P.O. Route a	ind Box No.	Policy Number:
City WAVELAND	State MS	ZIP Code 39576	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



07/2216 Right Side of Bottom Enclosure



07/2216 Left Side of Bottom Enclosure

#### U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

		SECT	ION A - PROPE	RTY INFORM	MATION	FOR INSURANCE	CE COMPANY USE
A1. Building Owner's Nan	ne REBEKAH V					Policy Number:	
A2. Building Street Addre 800 SOUTH BEACH BOU	ss (including Apt LEVARD	., Unit, Suite, and/or E	3ldg. No.) or P.O. R	loute and Box N	No.	Company NAIC	Number:
City WAVELAND			State MS	ZIP Code 3	39576	AN EXPERIENCE AND AN EXPERIENCE	ATT ATT AND ADDRESS OF THE ATT AND ADDRESS OF
A3. Property Description ( PARCEL #: 165B-0-15-00	Lot and Block No 1.000	umbers, Tax Parcel N	lumber, Legal Desc	ription, etc.)			
<ul> <li>A4. Building Use (e.g., Re</li> <li>A5. Latitude/Longitude: La</li> <li>A6. Attach at least 2 photo</li> <li>A7. Building Diagram Nun</li> <li>A8. For a building with a c</li> <li>a) Square footage of</li> <li>b) Number of permar or enclosure(s) wit</li> <li>c) Total net area of fled) Engineered flood of</li> </ul>	at. 30-16-04.6 Lographs of the bunber 5 crawlspace or enderated the crawlspace or ender flood opening thin 1.0 foot above ood openings in openings?	Long89-23-10.5 Hori uilding if the Certificate closure(s): nclosure(s) logs in the crawlspace lye adjacent grade A8.b  Yes No	rizontal Datum: e is being used to o <u>N/A</u> sq ft <u>N/A</u> <u>N/A</u> sq in	NAD 1927   bhain flood insulation  A9. For a back a) Sq b) Nu wit c) Tot d) En	trance.  building with an atta quare footage of atta umber of permanent thin 1.0 foot above a tal net area of flood ogineered flood oper	ached garage flood openings in adjacent grade openings in A9.b nings?	The second secon
	SEC	TION B – FLOOD I	NSURANCE RA	TE MAP (FIRI	M) INFORMATIO	N	
B1. NFIP Community Name WAVELAND 285262	≥ & Community N		B2. County Name HANCOCK			B3. State MS	
B4. Map/Panel Number 28045C 0344	B5. Suffix D	B6. FIRM Index Da 10/16/09	Effective/R	RM Panel Revised Date 16/09	B8. Flood Zone(s) VE	B9. Base Floo AO, use b	od Elevation(s) (Zone pase flood depth) 20
FIS Profile  B11. Indicate elevation datu  B12. Is the building located  Designation Date:	im used for BFE in a Coastal Barr —	rier Resources Systen	D 1929 ⊠ I m (CBRS) area or C □ CBRS	☐ OPA		☐ Yes	⊠ No
		N C – BUILDING E	LEVATION INFO	ORMATION (S	SURVEY REQUIR	RED)	
C1. Building elevations are to *A new Elevation Certification Control C2. Elevations – Zones A1– below according to the to Benchmark Utilized: CO Indicate elevation daturn Datum used for building	cate will be required.  A30, AE, AH, A ( building diagram of ER-18  n used for the ele	(with BFE), VE, V1–V3 specified in Item A7. I	n of the building is of 30, V (with BFE), A In Puerto Rico only, Vertical Datum: rough h) below. □	R, AR/A, AR/AE, , enter meters. NAVD 1988	E, AR/A1–A30, AR//		
					Check	the measurement	used.
a) Top of bottom floor (ir b) Top of the next higher c) Bottom of the lowest h d) Attached garage (top e) Lowest elevation of m (Describe type of equi	r floor norizontal structu of slab) nachinery or equip	ral member (V Zones	s only)	N/A. N/A *24.2 N/A N/A.	 <u>2</u> 		ters ters ters
f) Lowest adjacent (finis     g) Highest adjacent (finis     h) Lowest adjacent grade	hed) grade next ( shed) grade next	to building (LAG) to building (HAG)	including structural	$\begin{array}{c} \underline{13.5} \\ \underline{13.6} \\ \end{array}$ support $\underline{\text{N/A}}$ .	1.	⊠ feet ☐ met ⊠ feet ☐ met	ters
	SECTIO	N D - SURVEYOR	, ENGINEER, OI	R ARCHITEC	T CERTIFICATIO	N	
This certification is to be sign information. <i>I certify that the I understand that any false s</i> Check here if comments  Check here if attachmen	ned and sealed b information on the statement may be s are provided or	oy a land surveyor, en his Certificate represe e punishable by fine or n back of form. V	ngineer, or architect ents my best efforts or imprisonment und	authorized by la to interpret the der 18 U.S. Code ongitude in Secti	aw to certify elevation data available. de, Section 1001. ion A provided by a	SON SON R	P. CHINICAL PROFESSION OF PROF
Certifier's Name JASON P.	CHINICHE		Lice	ense Number P	PE19732	— [ [s]	HERE P
Title PROJECT MANAGER		Company Name JA	AMES J. CHINICHE	E, PA, INC.	William William Components		
Address 412 HWY. 90, SU	ITE 11	City BAY ST. LOUIS	S Stat	e MS ZIP C	ode 39520		19732

Signature

Telephone (228) 467-6755

Date 03/03/16

OF MISS

LLVAIION OLIVIII IOAIL, PE	yc 4		7/	
IMPORTANT: In these spaces, c	opy the corresponding information fr	om Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt. 800 SOUTH BEACH BOULEVARD	, Unit, Suite, and/or Bldg. No.) or P.O. Route	and Box No.		Policy Number:
City WAVELAND	State MS	ZIP Code 39	576	Company NAIC Number:
SECTION	D – SURVEYOR, ENGINEER, OR ARC	CHITECT CERT	TFICATION (C	ONTINUED)
Copy both sides of this Elevation Certif	ficate for (1) community official, (2) insurance	agent/company,	and (3) building	owner.
section B4. Recommend verification of	A3. above is for information only & not to cert (BFE) by local building official. The flood zor ctor and/or Building Official as needed. Wave	ne is determined b	y graphic plottin	g only. Owner is responsible for
Signature Jan chile	Da	ate 03/03/16		
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY NO	T REQUIRED) I	OR ZONE AC	AND ZONE A (WITHOUT BFE)
<ul> <li>and C. For Items E1–E4, use natural general end of the control of the co</li></ul>	basement, crawlspace, or enclosure) is	sed. In Puerto Rices to show whether set to show whether set to show whether set to show whether set to show a sho	co only, enter meet the elevation is eet meters eet meters 9 (see pages 8 ee or below to the HAG. meters accordance with the elevation is entered.	eters.  s above or below the highest adjacent  above or below the HAG.  above or below the LAG.  9 of Instructions), the next higher floor the HAG.  bove or below the HAG.
SECTION	F – PROPERTY OWNER (OR OWNER	'S REPRESEN	TATIVE) CER	TIFICATION
The state of the second of the state of the second of the	red representative who completes Sections A nents in Sections A, B, and E are correct to the		and the control of the second	EMA-issued or community-issued BFE)
Property Owner's or Owner's Authorize	d Representative's Name			
Address	City	The state of the s	State	ZIP Code
Signature	Date		Telep	hone
Comments				☐ Check here if attachments
	SECTION G - COMMUNITY INFO			
	or ordinance to administer the community's flo applicable item(s) and sign below. Check the			
The information in Section C w is authorized by law to certify e A community official completed The following information (Item	vas taken from other documentation that has belevation information. (Indicate the source and Section E for a building located in Zone A (vas G4–G10) is provided for community floodp	been signed and sid date of the elevion without a FEMA-is lain management	sealed by a licer ation data in the sued or commul purposes.	seed surveyor, engineer, or architect who Comments area below.) nity-issued BFE) or Zone AO.
G4. Permit Number	G5. Date Permit Issued	G6. Date 0	Certificate Of Co	mpliance/Occupancy Issued
67. This permit has been issued for: 68. Elevation of as-built lowest floor (inc.) 69. BFE or (in Zone AO) depth of flood in 10. Community's design flood elevation Local Official's Name  Community Name	ing at the building site:	feet   feet   feet   feet     Title   Telephone	☐ meters ☐ meters ☐ meters	Datum Datum Datum
Signature		Date		
Comments				☐ Check here if attachments

#### **ELEVATION CERTIFICATE**, page 3

## **Building Photographs**

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. N 800 SOUTH BEACH BOULEVARD	No.) or P.O. Route a	and Box No.	Policy Number:
City WAVELAND	State MS	ZIP Code 39576	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



03/03/16 Front View (Building Site)

Rear View

#### U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

#### **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPAN				
A1. Building Owner's Name REBEKAH VICNAIR	Policy Number:			
A2. Building Street Address (including Apt., Unit, Suite, and 808 S BEACH BOULEVARD	/or Bldg. No.) or P.O. Route ar	nd Box No.	Company NAIC Number:	
City WAVELAND	State MS ZIF	Code 39576		
A3. Property Description (Lot and Block Numbers, Tax Parc PARCEL #: 165B-0-15-001,000	el Number, Legal Description,	etc.)		
<ul> <li>A4. Building Use (e.g., Residential, Non-Residential, Addition</li> <li>A5. Latitude/Longitude: Lat. 30-16-04.6 Long89-23-10.5</li> <li>A6. Attach at least 2 photographs of the building if the Certification</li> <li>A7. Building Diagram Number 5/2</li> <li>A8. For a building with a crawlspace or enclosure(s): <ul> <li>a) Square footage of crawlspace or enclosure(s)</li> <li>b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade</li> <li>c) Total net area of flood openings in A8.b</li> <li>d) Engineered flood openings? ☐ Yes ☒ Notal Notal Properties</li> </ul> </li> </ul>	Horizontal Datum: NAD 1 ficate is being used to obtain floate is being used to obtain floate is being used to obtain floate.  A9.  N/A sq ft  N/A sq in	927 ⊠ NAD 1983 pood insurance.  For a building with an atta a) Square footage of atta b) Number of permanent within 1.0 foot above a c) Total net area of flood d) Engineered flood oper	iched garage <u>N/A</u> sq ft flood openings in the attached garage adjacent grade <u>N/A</u> openings in A9.b <u>N/A</u> sq in nings?   Yes  No	
SECTION B - FLOO	DD INSURANCE RATE MA	AP (FIRM) INFORMATIO	N	
B1. NFIP Community Name & Community Number WAVELAND 285262	B2. County Name HANCOCK		B3. State MS	
B4. Map/Panel Number B5. Suffix D B6. FIRM Inde 10/16/09			B9. Base Flood Elevation(s) (Zone AO, use base flood depth)	
☐ FIS Profile ☐ FIRM ☐ Community I  B11. Indicate elevation datum used for BFE in Item B9: ☐ N  B12. Is the building located in a Coastal Barrier Resources Sy  Designation Date:	GVD 1929 ⊠ NAVD vstem (CBRS) area or Otherwi ☐ CBRS ☐ OF	1988	☐ Yes ⊠ No	
SECTION C - BUILDIN	G ELEVATION INFORMA	TION (SURVEY REQUIF	RED)	
<ol> <li>Building elevations are based on:  Construction *A new Elevation Certificate will be required when construction.</li> <li>Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V below according to the building diagram specified in Item Benchmark Utilized: COE R-18</li> <li>Indicate elevation datum used for the elevations in items a Datum used for building elevations must be the same as the construction.</li> </ol>	ction of the building is complet 1–V30, V (with BFE), AR, AR/. A7. In Puerto Rico only, enter Vertical Datum: <u>NAVD</u> a) through h) below. □ NGVD	A, AR/AE, AR/A1–A30, AR/ meters. <u>1988</u> 1929 ⊠ NAVD 1988 □ O		
a) Top of bottom floor (including basement, crawlspace, o	r enclosure floor)		☑ feet ☐ meters	
<ul> <li>b) Top of the next higher floor</li> <li>c) Bottom of the lowest horizontal structural member (V Z)</li> </ul>	ones only)			
d) Attached garage (top of slab)	ones only)		☑ feet ☐ meters	
e) Lowest elevation of machinery or equipment servicing t (Describe type of equipment and location in Comments		February Management Control ()	☑ feet ☐ meters	
f) Lowest adjacent (finished) grade next to building (LAG)			☑ feet ☐ meters	
<ul><li>g) Highest adjacent (finished) grade next to building (HAG</li><li>h) Lowest adjacent grade at lowest elevation of deck or st</li></ul>	,			
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION				
This certification is to be signed and sealed by a land surveyo information. I certify that the information on this Certificate rep I understand that any false statement may be punishable by factorized to the comments are provided on back of form.  Check here if attachments.	resents my best efforts to inte ine or imprisonment under 18 t	rpret the data available.	SON P. CHINICAS SEASON	
Certifier's Name JASON CHINICHE	License Nu	umber PE 19732	T NERE THE	
Title PROJECT MANAGER Company Name	JAMES J. CHINICHE, PA, I	NC.	19732	
Address 412 HWY 90 SUITE 11 City BAY ST. L		ZIP Code 39520	The second second	
Signature Date REV 2/13	/16 Telephone	(228) 467-6755	OF MISSIS	

ELEVATION CERTIFICATE, pa				
	opy the corresponding information fro	The second secon	FOR IN	ISURANCE COMPANY USE
Building Street Address (including Apt. 808 S. BEACH BOULEVARD	, Unit, Suite, and/or Bldg. No.) or P.O. Route a	nd Box No.		Number:
City WAVELAND	State MS	ZIP Code 39576	Compa	iny NAIC Number:
SECTION	D - SURVEYOR, ENGINEER, OR ARCH	IITECT CERTIFIC	ATION (CONTIN	UED)
Copy both sides of this Elevation Certif	ficate for (1) community official, (2) insurance a	gent/company, and (	3) building owner.	
THE BASE ELOOD ELEVATION (BEE	S FOR INFORMATION ONLY & NOT TO CER' ) IS PER MAP IN SECTION B4. RECOMMENI RAPHIC PLOTTING. TBM (TEMPORARY BE	O VERIFICATION OF	F (BFE) BY LOCAL	BUILDING OFFICIAL. THE GING IN LIVE OAK TREE
Signature Javon Chro	ul	e REV 2/13/16		
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY NOT	REQUIRED) FOR	ZONE AO AND	ZONE A (WITHOUT BFE)
<ul> <li>and C. For Items E1–E4, use natural general series.</li> <li>E1. Provide elevation information for grade (HAG) and the lowest adjace a) Top of bottom floor (including b) Top of bottom floor (including b) Top of bottom floor (including E2. For Building Diagrams 6–9 with general series.</li> <li>E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth</li> </ul>	basement, crawlspace, or enclosure) isbasement, crawlspace, or enclosure) is bermanent flood openings provided in Section of the building is \overline{\ove	to show whether the	ly, enter meters.  e elevation is above  meters □ above  meters □ above ee pages 8–9 of Ins □ below the HAG  HAG. neters □ above or dance with the comr	or below the highest adjacent e or  below the HAG. e or below the LAG. structions), the next higher floor i.
	Unknown. The local official must certify this i	Millian W. Ara	- CONTRACTOR CONTRACTO	TION
	F - PROPERTY OWNER (OR OWNER'S	The state of the s	THE RESERVE OF THE PARTY OF THE	
or Zone AO must sign here. The stater	zed representative who completes Sections A, nents in Sections A, B, and E are correct to the	best of my knowledge	ge.	sued of community issued bi Ly
Property Owner's or Owner's Authorize	ed Representative's Name			
Address	City	8	State	ZIP Code
Signature	Date		Telephone	
Comments				
				☐ Check here if attachments
	STOTION O COMMUNITY INFO	DMATION (ODTIC	DAIAL V	
The local official who is authorized by law	SECTION G – COMMUNITY INFO or ordinance to administer the community's floor applicable item(s) and sign below. Check the m	dolain management	ordinance can comp	lete Sections A, B, C (or E), and G uerto Rico only, enter meters.
G1. The information in Section C v is authorized by law to certify of	was taken from other documentation that has be elevation information. (Indicate the source and d Section E for a building located in Zone A (w	een signed and seale date of the elevation	ed by a licensed sur n data in the Comme	veyor, engineer, or architect who ents area below.)
	ns G4-G10) is provided for community floodpla			Technicia (1964-1971
G4. Permit Number	G5. Date Permit Issued	G6. Date Certi	ficate Of Complianc	e/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ Substantial	Improvement		
G8. Elevation of as-built lowest floor (in	cluding basement) of the building:	feet		m
G9. BFE or (in Zone AO) depth of flood	ling at the building site:			m
G10. Community's design flood elevation	1:	lfeet l	meters Datu	m
Local Official's Name		Title		
Community Name		Telephone		-
Signature		Date		
Comments				
			- Mr.	☐ Check here if attachments

2016 10169 Recorded in the Above Osed Book & Page 08-25-2016 03:33:53 PM Timothy A Kallar

## WAVELAND

In

## NONCONVERSION AGREEMENT Hancock County with CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this 25th day of <u>Quant</u> , 2016, by <u>Rebekah Vicknair</u> ("Owner") having an address at
( Owner ) Having all address at
WITNESSETH:
WHEREAS, the Owner is the record owner of all that real property located at  800 SOUTH BEACH BLVD. in the City of Waveland, Ms. in the County of Hancock,  design ated in the Tay Records as
designated in the Tax records as
VVMEREAS, the Owner has applied for a permit to place a structure on that property that has an
enclosed area below the base flood elevation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ordinance of Number 342 and under Permit Number
WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the
following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.
UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:
1. The structure or part thereof to which these conditions apply is:
2. At this site, the Base Flood Elevation is feet above mean sea level, National Geodetic Vertical Datum.
3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited
storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal
action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
6. A duly appointed representative of the City is authorized to enter the property for the purpose of
inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration
Such inspections will be conducted upon due notice to the Owner and no more frequently than once
each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.
7. Other conditions:
In witness whereof the undersigned set their hands and seals this 25 day of Quyut 2016
Owner (Seal) (Seal) (Seal)
8 6 ID 10 GG

# Instrument Recording Receipt

Book/Page: 2016 / 10169 Inst: Agreement Mook: Need

Ref: REJEKAH UICKNAIR

3	- C - C - C - C - C - C - C - C - C - C	7.8 7.8 9.0 9.0	00.00
Archiver Record Management	Recording Fee Total Fee:	Cash Paid : #	and aggerna

Timothy A Kellar Have a Nice Day

Term/Cashier: RM175-02-9MQDDQ / SHELIA FAME 11505 17555 SANDER

## 1-1-4-1-2-1-1-

## FLOODPLAIN VENTING AFFIDAVIT City of Waveland

I hereby acknowledge thatCITY	OF WAVEL	AND
Is issuing an Occupancy Certificate for the <b>WAVELAND, MS 39576</b>	property known	as: 800 SOUTH BEACH BLVD.
	19125	(BREAK A WAY WALLS)
In which required Floodplain Management of inspection performed. At the time of inspection performed. At the time of inspection performed and the flood vention automatic entry and exit of floodwaters. I a requirement must be maintained as flood ventioned as flood ventioned with the Flood Damage Prevention Ordinate the Flood Damage Prevention	Ordinance requiction,ong requirements acknowledge that ents, and that the allow the autonance. Violation at alteration of the of a flood. Floods	rements have been met and a final vents and crawl space of the Ordinance would allow the tall openings designed to meet this e elimination or alteration of the natic entry and exit of flood waters would s may incur civil penalties and possible the vents could result in greater risk to bod insurance claims may be denied,
As witness the hand and seal of the		
WITNESS		WNER (please print)
	Relief	MILIAN DIGUELLA SIGNATURE